REQUEST FOR AN ALTERNATIVE WORK SCHEDULE (AWS)

This form is to request participation in the Alternative Work Schedule (AWS) program, change your existing alternative work schedule option, or discontinue participation in the alternative work schedule program. Complete the information below and forward your request to your supervisor for consideration.

Employee's Section:

☐ Start AWS   ☐ Change Current AWS   ☐ Discontinue AWS   ☐ Continue Current AWS

Select AWS Option:

Flexible Work Schedule:
    ☐ -indicate work hours and lunch period**: _____**

Reduced Work Schedule:
    ☐ _____ -hour work week. Indicate preferred schedule including lunch period:

    _____

Compressed Work Schedule:
    ☐ -indicate work days and work hours including lunch period:

    _____

I understand this schedule may be discontinued or altered at any time depending upon the staffing need of the agency.

_____   _____   _____
Employee's Name (Please Print)   Date   Employee's Signature

Supervisor's Selection:

I understand it is my responsibility to ensure the office is open for business during scheduled office hours with adequate staff to serve the needs of the public and administration.

Approved ☐ If approved, alternative work schedule approved, if different than requested above: _____

_____

Disapproved ☐ If disapproved, state reason for denial _____

_____

_____   _____
Supervisor's Signature   Date   Next Level Supervisor's Signature (If Applicable)   Date

Human Resource Manager Initials _____

Forward all forms approved and denied to agency human resource manager.

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